

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 19 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 06 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		402087.22
(b) Cash on Hand at Beginning of Reporting Period.....	383697.27	
(c) Total Receipts (from Line 19)	15774.21	221929.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	399471.48	624016.35
7. Total Disbursements (from Line 31)	42721.90	267266.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	356749.58	356749.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 06 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10529.89

150452.31

(ii) Unitemized

5244.32

62641.16

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

15774.21

213093.47

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

15774.21

213093.47

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

1335.66

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

15774.21

221929.13

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

15774.21

221929.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	721.90	3048.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	721.90	3048.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	263500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	718.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	718.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42721.90	267266.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42721.90	267266.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15774.21	213093.47
34. Total Contribution Refunds (from Line 28(d))	0.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15774.21	212375.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	721.90	3048.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1335.66
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	721.90	1712.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John W Aldis MD

Mailing Address 4911 River Rd

City

Shepherdstown

State

WV

Zip Code

25443-5066

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAIC-Frederick

Occupation

Medical Monitor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2013

Transaction ID : C2347848

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy K Atkinson MD

Mailing Address 50 Leroy St

Canton-Potsdam Hospital

City

Potsdam

State

NY

Zip Code

13676-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2013

Transaction ID : C2362569

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Justin V Bartos MD

Mailing Address 4300 Cagle Dr

Ste 200

City

North Richland Hills

State

TX

Zip Code

76180-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Hills Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 23 / 2013

Transaction ID : C2359887

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

792.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 OF 29

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karla L Birkholz MD

Mailing Address 6320B W Union Hills Dr
Ste 2300

City State Zip Code
Glendale AZ 85308-7112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Your Family Physician

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2013

Transaction ID : C2352870

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd
201 Cassel Dr

City State Zip Code
Kingsport TN 37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quillen College of Medicine

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2013

Transaction ID : C2347849

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. David Etcyl Blair MD

Mailing Address 7417 Old Lantern Dr SE

City State Zip Code
Caledonia MI 49316-9004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advantage Health Physician Network

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2013

Transaction ID : C2352883

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

715.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary F Campagnolo MD

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua Medical Group, Marlton NJ

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 23 / 2013

Transaction ID : C2359888

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lee Marvin Carter MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2013

Transaction ID : C2362691

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Lisa Leigh Corum MD

Mailing Address 11501 Redwood Way

City

Louisville

State

KY

Zip Code

40223-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Healthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362586

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 NE 10th St

OU Physicians Family Medicine Cent

City State Zip Code
 Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2272.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2013

Transaction ID : C2341161

Amount of Each Receipt this Period

454.54

Full Name (Last, First, Middle Initial)

B. Byron James Crouse MD

Mailing Address 5825 Osmundsen Ct

City State Zip Code
 Fitchburg WI 53711-5146

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013

Transaction ID : C2362566

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jose M David MD

Mailing Address 804 Huntington Ct

City State Zip Code
 Albany NY 12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Peters Health Partners Medical Asso

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 25 / 2013

Transaction ID : C2360410

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1236.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Allen Felger MD

Mailing Address 51181 Kings Xing

City

Granger

State

IN

Zip Code

46530-8812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2013

Transaction ID : C2353229

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

06 / 02 / 2013

Transaction ID : C2341116

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Jeffrey Scott Grove MD

Mailing Address 11 Baymont St
Apt 1002

City

Clearwater

State

FL

Zip Code

33767-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Suncoast Family Medical Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 01 / 2013

Transaction ID : C2341088

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carletta Hauck

Mailing Address Exec Dir - SD AFP

3912 Golf Course Rd

City

Watertown

State

SD

Zip Code

57201-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer

SD AFP

Occupation

Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : C2341089

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2013

Transaction ID : C2341641

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Thu Nguyen Howell Howell

Mailing Address 2222 Neilson Way

Unit 301

City

Santa Monica

State

CA

Zip Code

90405-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2013

Transaction ID : C2359873

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tochi I L Iroku-Malize MD

Mailing Address PO Box 369

City State Zip Code
Islip NY 11751-0369

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore LIJ Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362577

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Amr Sabry Kamhawy MD

Mailing Address 33358 Waterberry Cir

City State Zip Code
Waukee IA 50263-7011

FEC ID number of contributing
federal political committee.

C

Name of Employer

I.H.S.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2013

Transaction ID : C2352867

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gregory King MD

Mailing Address 1120 Vail Rd

City State Zip Code
Bennington VT 05201-9597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Primary Care Health Partners - VT, LLP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2013

Transaction ID : C2347645

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerry E Kruse MD

Mailing Address 612 N 11Th St Ste B

City
QuincyState
ILZip Code
62301-2662FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Illinois University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2013

Transaction ID : C2352873

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kevin K Kurohara MDMailing Address 75 Puuhonu Pl
Ste 205City
HiloState
HIZip Code
96720-2000FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2013

Transaction ID : C2352869

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert B Laibstain MD

Mailing Address 6072 River Cres

City
NorfolkState
VAZip Code
23505-4707FEC ID number of contributing
federal political committee.

C

Name of Employer

TPMG - Newport News

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2013

Transaction ID : C2352875

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel Scott Lewis MD

Mailing Address 35 Earlington Dr

City

Greeneville

State

TN

Zip Code

37743-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Takoma Medical Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

Transaction ID : C2362689

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Teresa Grossman Lovins MD

Mailing Address 4365 N Riverside Dr

City

Columbus

State

IN

Zip Code

47203-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbus Regional Health

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	3

Transaction ID : C2362587

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	3

Transaction ID : C2353230

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

540.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2013

Transaction ID : C2362578

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ranit Mishori MD

Mailing Address 2729 Dumbarton St NW

City

Washington

State

DC

Zip Code

20007-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown University School of Medici

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2013

Transaction ID : C2354479

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Anne M Montgomery MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : C2359912

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

665.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City State Zip Code
 Missouri City TX 77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Family Medicine Residency

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.55

Date of Receipt

06 / 08 / 2013

Transaction ID : C2347620

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

B. Leonard Daniel Reeves MD

Mailing Address GA Health Sciences Univ MCG NW GA
 Heritage hall 415 E Third Avenue

City State Zip Code
 Rome GA 30161

FEC ID number of contributing
federal political committee.

C

Name of Employer

GHSU

Occupation

Physician-Asst Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2013

Transaction ID : C2347637

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City State Zip Code
 Dayton OH 45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State University BSM

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 10 / 2013

Transaction ID : C2373709

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

690.91

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Porfirio Rodriguez MD

Mailing Address PO BOX 832

City

Rio Grande City

State

TX

Zip Code

78582-0832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Health Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2013

Transaction ID : C2362573

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2013

Transaction ID : C2362690

Amount of Each Receipt this Period

122.00

Full Name (Last, First, Middle Initial)

C. Glen R Stream MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockwood Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2013

Transaction ID : C2387100

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

872.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maureen P Strohm MD

Mailing Address 3835 Fairmeade Rd

City

Pasadena

State

CA

Zip Code

91107-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : C2362560

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Erica Williams Swegler MD

Mailing Address 300 N Rufe Snow Dr

City

Keller

State

TX

Zip Code

76248-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2013

Transaction ID : C2373710

Amount of Each Receipt this Period

102.27

Full Name (Last, First, Middle Initial)

C. Pamela W Tuck MD

Mailing Address 4135 Atlanta Hwy

City

Montgomery

State

AL

Zip Code

36109-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : C2362692

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

517.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lloyd P Van Winkle MD

Mailing Address PO BOX 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.00

Date of Receipt

06 / 10 / 2013

Transaction ID : C2347851

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

B. Jane A Weida MD

Mailing Address 1011 Handsome Pl

City

Lititz

State

PA

Zip Code

17543-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reading Hospital Famliy Medicine Resid

Occupation

Family Physician/Faculty Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362575

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342972

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

786.50

TOTAL This Period (last page this line number only)..... ►

10529.89

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

2.11

MM / DD / YYYY

16.25

Amount of Each Disbursement this Period

8.13

26.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2013

Transaction ID : D146949

Amount of Each Disbursement this Period

6.22

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : D146950

Amount of Each Disbursement this Period

10.56

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2013

Transaction ID : D146951

Amount of Each Disbursement this Period

9.75

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

26.53

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 29

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 24 2013

Transaction ID : D146952

Amount of Each Disbursement this Period

11.86

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 27 2013

Transaction ID : D146953

Amount of Each Disbursement this Period

1.37

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant ServicesMailing Address WA2-505-01-40
PO Box 2485
City State Zip Code
Spokane WA 99210-2485
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 03 2013

Transaction ID : D146057

Amount of Each Disbursement this Period

631.94

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

645.17

721.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE FOR A LIVABLE FUTURE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Mailing Address 830 NE Holladay Street
Room 105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Transaction ID : D146416

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. LEADERSHIP FOR TODAY AND TOMORROW

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2013

Mailing Address 625 3rd St NE
Apt 2

City Washington State DC Zip Code 20002-4942

Purpose of Disbursement
Campaign contribuion

Candidate Name

Category/
Type

Transaction ID : D146131

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. ORRINPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Mailing Address 175 S. WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Transaction ID : D146520

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN D. DINGELL FOR CONGRESS

Mailing Address 607 14th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. John D. Dingell

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Transaction ID : D146414

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City	State	Zip Code
COLLINSVILLE	IL	62234

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. John Shimkus

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Transaction ID : D146415

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kurt Schrader

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Transaction ID : D146419

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2013

Mailing Address 2015 DIETZ PL NW

City	State	Zip Code
ALBUQUERQUE	NM	87107

Transaction ID : D145990Purpose of Disbursement
Campaign contribution - 2012 primary debt

Amount of Each Disbursement this Period

Candidate Name

Rep. Michelle Lujan Lujan GrishamCategory/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

2012 Primary Debt

State: NM District: 01

Full Name (Last, First, Middle Initial)

B. ROGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2013

Mailing Address PO Box 581

City	State	Zip Code
Brighton	MI	48116

Transaction ID : D145991Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Mike RogersCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: MI District: 08

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2013

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Transaction ID : D145989Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Mike ThompsonCategory/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: CA District: 01

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESS

Mailing Address 607 14th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Nancy PelosiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2013

Transaction ID : D146418

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESSMailing Address 2931 E Dublin Granville Road
Ste 2000

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pat TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2013

Transaction ID : D146524

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement
Campaign contribuion

Candidate Name

Rep. Paul TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2013

Transaction ID : D146129

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROSKAM FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2013

Mailing Address P. O. BOX 713

City	State	Zip Code
WHEATON	IL	60187

Transaction ID : D146130

Purpose of Disbursement
Campaign contribuion

Amount of Each Disbursement this Period

Candidate Name

Rep. Peter Roskam

Category/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 06

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2013

Mailing Address 700 13th Street, NW
Ste 307

City	State	Zip Code
Washington	DC	20005

Transaction ID : D146070

Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Steny H. Hoyer

Category/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 05

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Transaction ID : D146413

Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Steve Stivers

Category/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 15

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

PAGE 29 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City	State	Zip Code
AUSTIN	TX	78711

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. John Cornyn

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2013

Transaction ID : D146417

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TOM PAC

Mailing Address PO BOX 752

City	State	Zip Code
DES MOINES	IA	50303

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2013

Transaction ID : D146427

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00

42000.00
